



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

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Director

INFORMATIONAL LETTER NO.1738-FFS

DATE: November 4, 2016

TO: All Iowa Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)

APPLIES TO: Fee-for-Service

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Monthly Provider Assessment Update

EFFECTIVE: July 1, 2016

*******This letter replaces Informational Letter No.1685-MC dated June 23, 2016*******

2016 Iowa Acts House File 2460 (HF2460) required the following changes to the ICF/ID assessment for claims paid on or after July 1, 2016:

- Changed the assessment payment period from monthly to quarterly; and
- The amount of the assessment is to be based on the previous quarter's paid claims instead of prior period annual revenue.

The following table outlines the quarterly assessment due dates and the claims period the amount applies to:

Claims Paid		
Beginning	Ending	Date Assessment Due to the IME
7/1/2016	9/30/2016	10/31/2016*
10/1/2016	12/31/2016	1/31/2017*
1/1/2017	3/31/2017	4/30/2017
4/1/2017	6/30/2017	7/31/2017

*See below for updated due dates for quarters ending 9/30/2016 and 12/31/2016.

Form [470-5442, Intermediate Care Facilities for Individuals with an Intellectual Disability Calculation Worksheet](#)¹, was created in accordance with HF2460 to be used for the submission of the assessment fee to DHS.

¹ <https://dhs.iowa.gov/sites/default/files/470-5422.pdf>

ICF/IDs shall use this form to calculate the amount of the quarterly assessment fee that is due quarterly to the department. Please complete and submit the form along with payment in accordance with the instructions provided. If the form [470-5422](#)² and payment is not received by the 30th day of the month following the end of a calendar quarter a 1.5 percent penalty will be assessed unless the department determines good cause has been shown. The penalty will be based on the amount of fees owed.

This form and a check for the total assessment fee owed are due no later than 30 days after quarter end.

Completed forms and checks should be submitted to the following address:

Iowa Medicaid Enterprise
PO Box 36450
Des Moines, IA 50315

An electronic copy of the [form](#) should be submitted to costaudit@dhs.state.ia.us.

If a package is sent requiring a signature (i.e., certified mail or overnight), send to:

Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315

As the department has just issued the form and this has signified a new procedure, the department is waiving penalties for payments received after October 31, 2016. For the quarter ending September 30, 2016, penalties will not be enforced if the form and payment is received by December 31, 2016. For the quarter ending December 31, 2016, penalties will not be enforced if the form and payment is received by February 28, 2017. The penalty provision for all subsequent quarters will be enforced beginning with payments not received by the end of the month following quarter end as described above beginning with the quarter ending March 31, 2017.

Questions concerning this form should be addressed to Provider Cost Audit at 1-866-863-8610, or (515) 256-4610, or to costaudit@dhs.state.ia.us

² <https://dhs.iowa.gov/sites/default/files/470-5422.pdf>